PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

042390,01045

CLAIMS AS FILED - PART I (Column 1) (Column 1)						mn 2)	SMALL E	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			24				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 \ minus 20=		٠ 4		X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			3 minus 3 =		. &		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	1	OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	TOTAL		OR	TOTAL	722
	C	LAIMS AS A	MENDED	MENDED - PART II					•	OTHER	
		(Column 1)	(Colum			(Column 3) SMALL		ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS: REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	I CLAIM		+135=		OR	+270=	
							TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)							ADDIT. FEE	<u> </u>		ADDIT. FEE	
Г		CLAIMS	ستحربها والمسادر المادات والمراج	HIG	HEST			ADDI-	ì		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIN	-	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
		•	TOTA ADDIT. FEI		OR	TOTAL ADDIT. FEE					
	•	(Column 1)		(Colu	ımn 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= '	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DE	E DEPENDENT C			105	 	1		1
	If the entry in col-	ımn 1 ie lace than	the entry in col	umn 2 wri	ite "0" in c	olumn 3.	+135=	ļ	OR	+270=	ļ
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
	The "Highest Nur	nher Previously P	aid For" (Total o	or Indepen	dent) is th	e highest numbe	r found in the a	appropriate bo	x in c	olumn 1.	